

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

Serial No.

Filing Date

10/579,880

Applicant(s)

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1						52						
3	2						53						
4	①						54						
5	①						55						
6	①						56						
7	1						57						
8	1						58						
9	2						59						
10	①						60						
11	①						61						
12	①						62						
13	①						63						
14	①						64						
15	①						65						
16	①						66						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↓		↓		↓		↓		↓		↓	
TOTAL DEP.	16	←	←	←	←	←		←	←	←	←	←	
TOTAL CLAIMS	18												